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## ORIGINAL ARTICLES

### LATERAL CURVATURE OF THE SPINE (SCOLIOSIS)—AN ORIGINAL METHOD OF TREAT- MENT.

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The whole body weight with the head placed at the top of the pile is supported by the spinal column. This means a direct downward pressure which is continuous when the body is upright, either sitting or standing. As long as the bones and cartilages retain their normal density and the soft structures their normal tonicity, the spinal column does its work all right. There are conditions in children where the calcium in the bones and ligaments is lacking, in consequence of which, the spinal column, no longer properly supporting the superincumbent body weight, gives way under the load with a resulting rotary lateral curvature. The conditions and diseases which produce this softening of the different structures are of the utmost importance in treatment, but up to the present time very little attention has been given to them.

In Germany, rhachitis is extremely common and is considered by many (German) authors to be the most frequent cause of scoliosis. In America it is not so common, and thus far I have not recognized it as a causal factor.

Infections (autointoxications) may produce a soft bony condition. I well remember a girl seven years of age who had an attack of the grippe with bony softening and a consequent scoliosis which resisted all methods of treatment then in vogue. This was in 1904. It is a well recognized fact that autointoxication interferes

with calcium metabolism in the various arthritides resulting in the hyperthrophic and atrophic types. It is just as logical to consider that it may interfere in childhood and, affecting the spinal column, result in a scoliosis.

The rapid growth of adolescence is very apt to result in an unstable equilibrium which is manifested in more than one way. Calcium fixation may be interfered with so that the necessary amount for bone formation is not present, and the result is a softening of the bones and ligaments with a consequent scoliosis.

A mechanical reason for scoliosis may be a short leg. A recent case was that of a child with one leg about one inch short with a consequent curvature of the spine. Raising the shoe on the affected side corrected the deformity.

Infantile paralysis with the trunk muscles affected inevitably results in a scoliosis which needs a long and persistent treatment.

The ductless glands (endocrine organs) are just now being studied with renewed energy and are due to become of great importance. When the physiology of any of these glands is interfered with, serious results may follow. The thyroid gland has been studied perhaps more than the others and hypothyroidism now presents a pretty well defined clinical picture. The thyroid gland is supposed to preside over calcium fixation, and when its function is interfered with, there is an excessive elimination of calcium. Such children do not care to play with others. They remain indoors. If they enter into any active sports they are soon "all tired out." Even on slight exertion they seem to be "all in." They are not up with the class at school, being slow thinkers and slow talkers. Stomach-ache, back-ache and constipation are common symptoms. Physically, there is apt to be an accumulation of fat on the abdomen, upper arms and buttocks. The skin may be somewhat thickened and the lower eyelids somewhat swollen. In this type of child, the bones and ligaments may be soft and

\* Read before the Quarterly Meeting of the Rhode Island Medical Society, December 7, 1916.

a scoliosis exist. The administration of thyroid extract to such a child may result in a sudden and remarkable change in the mental and physical condition with a consequent straightening of the spinal column.

We now have a clear conception of a bony and ligamentous system much softened by some of the conditions and diseases just described. The lax ligaments are a very important part of the picture because the spine is surrounded by ligaments in such a manner that the vertebrae almost might be considered as held in a hollow tube. The superincumbent body weight always pressing down upon such a weakened and softened structure, pushes the vertebrae downward.

If this conception of scoliosis is correct, the treatment it at once divided into two parts:

1. The physiological.
2. The mechanical.

1. The physiological treatment should combat whatever is wrong with the physiology. When this can be done, some spines may straighten up without any other treatment. A case of hypothyroidism and scoliosis which I reported at the Washington meeting of the American Orthopedic Association is proof of this statement. This case was a girl now eleven years of age. She did not like to go out and enter into play with children of her own age, but preferred to remain by herself indoors. If she entered into

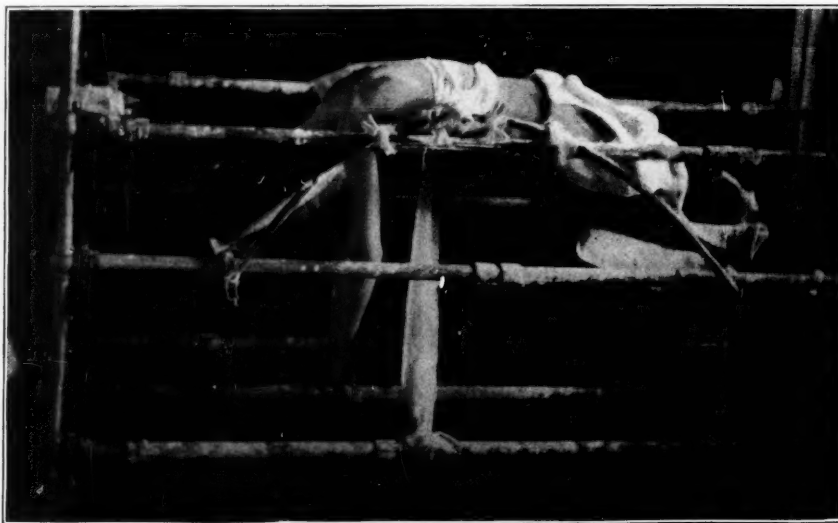


FIG. 2. Showing patient in position, face down over a convex frame. Rotary pulls are also in evidence.

The supporting ligaments stretch and allow the column as an entity to sag off to one side or the other. As the maximum curve is forced in one direction, it is compensated for by a smaller curve in the other direction. Although posture is important, it is a fact that millions of school children are sitting in faulty positions every day of their lives and only a very small percentage of them develop scoliosis. This means that "position" is *not* the important factor, but the softened bony and ligamentous spinal column as an entity, failing to support the superincumbent body weight. This is my conception of the method of *deformity formation*.

any of the sports, she was quickly "all tired out." She was a slow thinker, a slow and halting speaker; in other words, of "slow mentality." She complained of stomach-ache and backache and was inclined towards constipation. Physically, she was a stocky girl, the abdomen, upper arms and buttocks inclined to be fat. The skin felt thickened, the lower eyelids were swollen and the lower jaw was inclined to hang down. Thyroid extract was begun October 16, 1915. The resulting change was almost immediate. The "all tired out" feeling disappeared very quickly. The girl began to take an interest in things and now thinks, talks and acts like any other child of

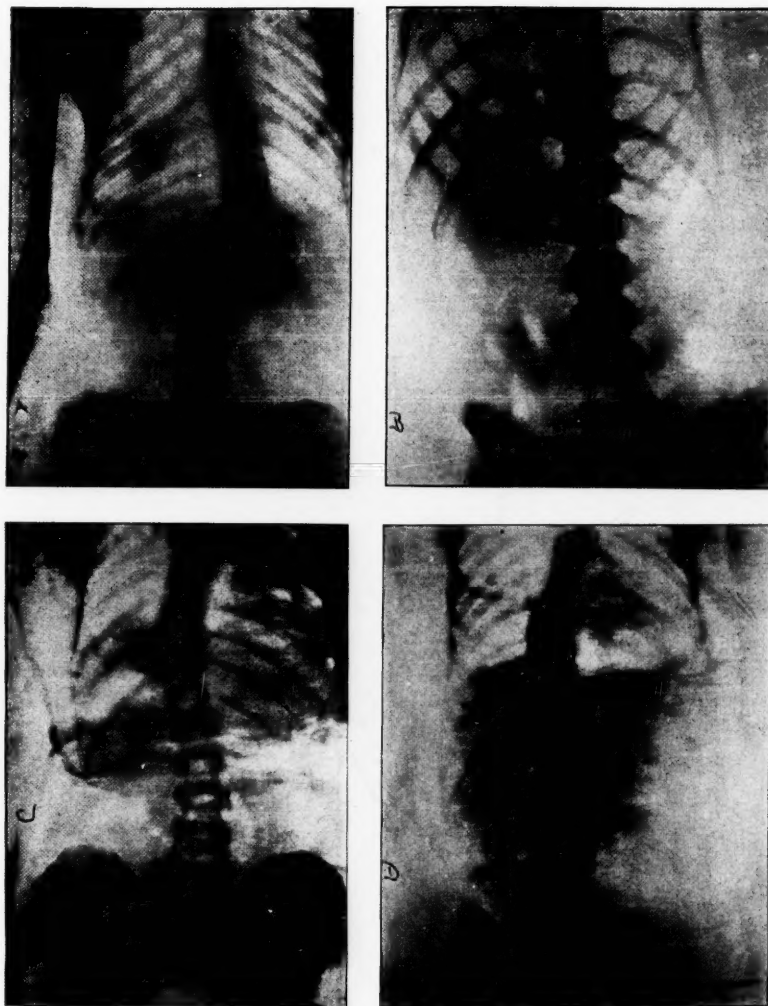


FIG. 3. A. Shows the spine in standing position.  
B. Shows the spine with the patient in position as illustrated in Fig. 2.  
C. Shows the spine in the January jacket.  
D. Shows the spine in the March jacket.

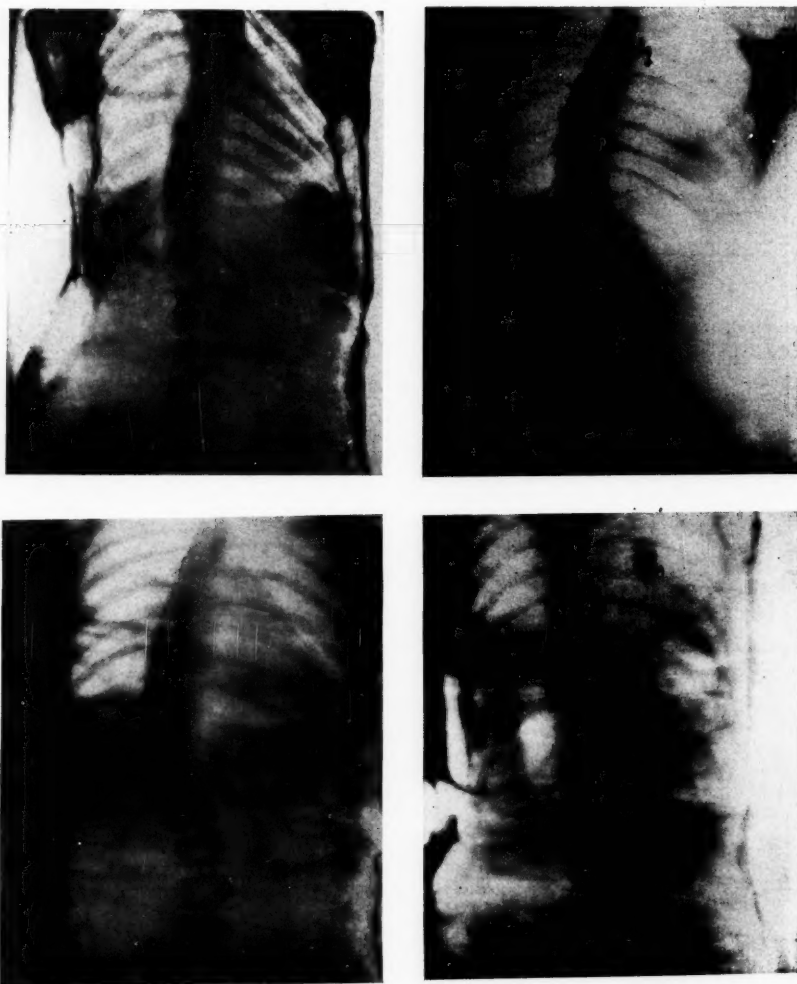


FIG. 4. Showing the patient in Fig. 3, in the summer of 1916.

FIG. 5. Showing spine of F. C. when she first consulted me, June 23, 1916.

FIG. 6. Showing F. C. in first jacket, July 1, 1916.

FIG. 7. Showing F. C. in jacket, November 21, 1916.

her age. With this change in metabolism, the spine straightened up as shown in the photograph.

2. We now come to the mechanical treatment.

If the settling (shortening) of the spine the body weight is the mechanism of *deformity formation*, the opposite or lengthening of the spine, with the addition of artificial support, is the mechanism of *deformity correction*. I found by experimenting that if a child with a spinal curvature was laid face down over a convex surface, the spine became immediately lengthened and the deformity quite markedly diminished just by the position alone. If to this is added rotating pulls, as in Fig. 2, the spine may be made straight temporarily, in perhaps the majority of cases, and all this in five minutes. The problem, then, is to hold this correction, for after the patient assumes the upright position, the downward force of the body weight again produces as much deformity as is permitted by the plaster jacket. By taking great pains in the adjusting of the jackets and by putting the patient in position on the frame and applying a new jacket every month, a steady gain may be made.

In a preliminary report of my work at the Washington meeting of the American Orthopedic Association, the case of a boy, J. S., age 13 years, was presented. I wish to show these photographs again and then add one of a later date, that the progress may be noted. The curve was first noticed in 1912, which evidently was quite some time after its first beginning. This case had been treated by means of permanent jackets as well as removable ones, together with exercises, without very much to show in the way of results. The present method was developed so that in January, 1916, the first really efficient jacket was applied. In Fig. 3, A, shows the spine standing. B, shows the spine after only five minutes spent in arranging the patient in position as shown in Fig. 2. C, shows the spine with the patient standing in the January corrective jacket. D, shows the spine in the March jacket, while Fig. 4 shows the same patient in the summer of 1916. This represents about six months' treatment.

Although the lantern slides of several cases have been shown, I only wish to publish one more case, which is that of a girl, F. C., age fifteen

years. Fig. 5 shows the spine when she first consulted me, June 23, 1916. Fig. 6 shows the spine, with the patient standing in her first jacket, July 1, 1916. Fig. 7 shows the spine with patient standing in a jacket on November 21, 1916. These photographs show the rapidity of progress towards a straight spine and, in addition to these, I have other cases which may be reported in another six months.

After the omission of jackets, gymnastic exercises must be instituted and continued until the musculature will hold the body and head in the erect position.

#### THE INITIAL EXPERIENCES IN THE OFFICE OF STATE PATHOLOGIST.

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The medical profession of Rhode Island has cause for pride in the progressive public health policies for which its members have energetically contended. To have had founded in this state the first municipal laboratory in the country must remain a source of profound satisfaction. The influence of such a laboratory, created soon after the birth of the new science of bacteriology, was far-reaching. Impetus was given to laboratory diagnosis and to subsequent municipal control of diseases affecting the public health. Two decades elapsed. The practice of medicine had meanwhile witnessed radical changes due, in part, to the development of laboratory methods. Accordingly it was fitting that the office of State Pathologist be established here to make available for the practitioner recent laboratory contributions. Prophetic vision and a persistent confidence in the ultimate value of the proposed office characterized the advocates of a modern laboratory routine. The Legislature of 1914 acted favorably upon their proposal for the creation of the office of State Pathologist.

In September, 1914, the first incumbent resigned from the directorship of a teaching laboratory in Albany, N. Y., to enter upon the new duties in the laboratory at the State House. At that time the active bacteriological staff of the Board of Health consisted of one, officially designated as "assistant bacteriologist," who attended



to the routine examinations, with the part-time assistance of a laboratory helper. The present staff of the Laboratory of Pathology and Bacteriology consists of five members. The experiences of those first two years merit a review. The extent to which the profession has availed itself, or failed to avail itself of facilities offered requires investigation; and an analysis of those experiences may prove of mutual helpfulness.

To bring the profession throughout the state into closer touch with the laboratory, the postal system was utilized. The cardboard containers of the various outfits were discarded and double-case containers, acceptable to the postal authorities, were substituted. A more economical and more expeditious method of forwarding outfits

Midnight collection of cultures, however, demands additional help and additional provision.

The result of the foregoing changes is evident in Table I. A comparison is made therein of the routine examinations performed during the two-year period before the creation of the office with similar examinations made afterward.

A pamphlet, entitled "Information Concerning the Work of the State Laboratory," was issued. It indicated the enlarged scope of work available

TABLE I

Routine Examinations Performed during the Two Years prior and subsequent to Creation of Office of State Pathologist.

Date	Diphtheria Cultures	Sputa for Tuberculosis	Widal Reactions	Smears for Gonococcus	Smears for Malaria	Total
Sept. 1, 1912 to Aug. 31, 1913	2703	1927	535	62	11	5538
Sept. 1, 1913 to Aug. 31, 1914	2530	1903	865	78	22	5498
Sept. 1, 1914 to Aug. 31, 1915	2482	2047	1165	170	98	5962
Sept. 1, 1915 to Aug. 31, 1916	4087	2411	926	302	111	7807

to the laboratory has resulted. Thus a five-cent stamp covers the postage of a specimen of sputum in its appropriate container, whereas the cost of expressing the former type of container was twenty-three cents. Moreover, it became expedient for the Department of Health to have its own box at the Post Office and to do its own collecting. Hitherto fourth-class mailing matter had reached the laboratory at irregular intervals. At present three collections are made daily, the last one being about 5:30 p. m. It would seem advisable to have the last collection at midnight. This would insure an overnight incubation of cultures for the diagnosis of diphtheria and consequent examination the following morning. Delay would thereby be reduced to a minimum.

TABLE II  
Routine Examinations from September 1, 1914 to August 31, 1915

Date	Diphtheria Cultures	Sputa for Tuberculosis	Widal Reactions	Smears for Gonococcus	Smears for Malaria	General Bacteriological Examinations	Miscellaneous Examinations	Surgical Specimens	Bacteriological Examination of Water	Post-mortem Examinations	Total
September 1914	137	129	149	14	6	7	4	25	101	0	561
October 1914	167	74	148	12	7	25	5	41	135	1	592
November 1914	278	117	131	12	5	28	2	41	148	1	732
December 1914	291	161	118	12	4	37	7	26	116	0	824
January 1915	301	198	79	10	4	39	10	42	91	0	774
February 1915	331	173	53	13	5	24	12	34	106	2	663
March 1915	236	241	67	12	7	32	6	49	96	2	738
April 1915	195	211	67	12	7	32	6	49	96	2	738
May 1915	179	218	46	17	8	18	53	35	114	0	730
June 1915	175	173	68	17	14	12	119	53	111	0	742
July 1915	128	164	67	16	10	13	160	36	148	0	732
August 1915	164	167	177	22	25	8	94	15	97	0	769
Total	2482	2047	1165	170	98	286	494	477	1288	8	8515

for the profession throughout the state. Laboratory aid in diagnosis was extended to include not only diseases of public health importance, but also those of paramount concern to the individual. It was emphasized that the treatment and prognosis of disease was determined by diagnosis. The diagnosis depended upon critical clinical observation supplemented, in many instances, by laboratory investigations.

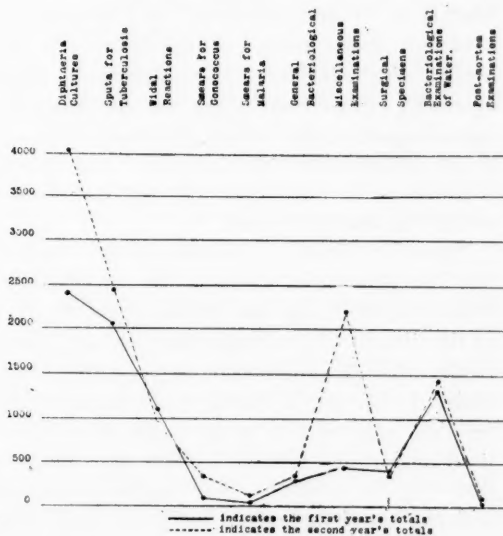
Tables II and III detail the various examinations performed during the first two years of the new office. The curves in Table IV illustrate the extent of the increase in the total amount of

diagnostic work. The number of diphtheria cultures and that of miscellaneous examinations have shown the greatest rise. The Widal reactions and surgical specimens have shown a slight decrease.

TABLE III  
Routine Examinations from September 1, 1915 to August 31, 1916.

Date	Diphtheria Cultures	Sputa for Tuberculosis	Widal Reactions	Smears for Gonococcus	Smears for Malaria	General Bacteriological Examinations	Miscellaneous Examinations	Surgical Specimens	Bacteriological Examinations of Water	Post-mortem Examinations	Total
1915											
September	143	186	179	19	13	9	171	36	133	2	891
October	306	185	100	25	8	12	76	36	108	1	835
November	387	187	96	20	9	8	197	37	103	0	1115
December	663	164	44	24	6	14	175	33	100	1	1224
1916											
January	568	180	26	20	3	53	157	47	92	6	1152
February	370	194	44	26	9	15	178	36	82	3	957
March	404	244	33	22	6	25	232	37	100	0	1103
April	294	210	61	37	13	42	244	42	190	0	1153
May	246	216	69	39	13	49	263	45	184	0	1173
June	225	236	60	25	11	22	201	23	103	0	892
July	219	182	60	27	10	26	138	43	95	1	813
August	142	219	156	16	10	25	174	37	102	3	866
Total	4057	2411	926	302	111	300	2206	452	1392	17	12174

TABLE IV  
Showing Comparison of the Totals of the Various Examinations during each Year.



Of all the communicable diseases, diphtheria assumes importance both because of the simplicity of its laboratory diagnosis and because of its specific therapy. It is, therefore, a matter of regret that inconclusive findings such as "no growth" or "poor growth" have occasionally to be reported. Failure to inoculate thoroughly the surface of the medium and the use of dried-up culture media yield unsatisfactory, if not disappointing, results. The stock of supplies at the distributing stations requires periodic inspection, and culture tubes need to be changed frequently enough to insure against drying and growth of mould.

The virulence test to determine the pathogenicity of the diphtheria bacillus persistent in "release" cultures or present in "carriers" was introduced. Of the several cases in which the test was employed, one is particularly note-

worthy. Cultures from a convalescent case were positive for the diphtheria bacillus for a period of weeks. Tonsillectomy was finally resorted to. Cultures from the epithelial surface and from the cut surface of one tonsil proved negative. A culture from the epithelial surface of the second tonsil showed a mixed infection in which the diphtheria organism was present; whereas a pure culture of the organism was obtained from a cyst within the substance of the same tonsil. Subsequent throat cultures were negative. Thus the laboratory findings confirmed the wisdom of the surgical procedure. Moreover, the Schick cutaneous test was applied to inmates of private and public institutions where cases of diphtheria had appeared. Eighty-one such tests were made. The value of the cutaneous reaction lies in the

detection of individuals who have no native antitoxin. Indiscriminate immunization in any threatened epidemic is thereby avoided.

In addition to the usual smear-preparation method for the detection of the tubercle bacillus, inoculation of guinea pigs with suspected material was introduced as an indispensable aid in diagnosis. Forty-four such inoculations were performed. Of twenty-six specimens of urine, four were proved to contain tubercle bacilli; of

five pleural fluids, two yielded positive findings, as did one specimen of spinal fluid, one specimen of pus from a chronic discharging ear, and one specimen of sputum. It is to be emphasized that whereas repeated search failed to disclose any tubercle bacilli in smears from the sputum, yet the two pigs inoculated with the sputum developed diffuse tuberculous lesions. Tonsils of an infant showing histological evidence of tuberculosis were injected into both guinea-pigs and rabbits. The greater virulence which the organisms showed towards guinea-pigs was evidence in favor of the human strain of the tubercle bacillus, although infection from cows' milk was suspected.

It is more disappointing than surprising that the profession does not always avail itself of laboratory aid in the diagnosis of tuberculosis. In the circular, entitled "Hints on the Recognition and Care of Consumptives for Busy Practitioners," by Dr. H. L. Barnes, Case 2, under the heading of "Typical Mistakes," is illustrative of a serious shortcoming. A similar case is recorded with reluctance. An adult male, after consulting at least four physicians, confirmed his own diagnosis upon receiving a positive report on his sputum from the laboratory. The clinical diagnoses were vague and did not include the underlying morbid process.

Extensive clinical application of the Conradi test has proven its value in the diagnosis of typhoid fever during the first seven to ten days of the disease. Accordingly this test was added to the usual Widal reaction as an aid to diagnosis. In the routine performance of the Widal reaction, agglutination of the suspected serum is tried against the typhoid bacillus and the para beta typhoid bacillus. The agglutination test with the par alpha typhoid bacillus is made upon request. To the hygienist, the diminishing number of typhoid cases and therefore of Widal reactions is indicative of safe and protected watersheds and of adequate disposal of waste animal matter. In conjunction with the Division of Chemistry and Sanitary Engineering, 2,680 bacteriological examinations of specimens of water have been made during the past two years. The periodic information thus obtained concerning the water supplies of the state assures the maintenance of standards of safety and of purity. Since approximately four per cent. of recovered

typhoid patients become carriers and distributors of typhoid bacilli, sporadic cases, if not epidemics of typhoid fever, are always imminent. Many epidemics of typhoid fever, too numerous to mention and traceable to carriers, are recorded in the literature. If eternal vigilance be the price of safety, the recognition and control of typhoid carriers become imperative. The stools and urines of all those coming in contact with public food supplies are deserving of examination. In this connection it may not be amiss to refer to the precautionary measures of the Department of Health of New York City. Section 146 of its Sanitary Code provides "that no person employed in the preparation or serving of food shall be permitted to engage in such employment who has failed to submit to examination to establish his or her freedom from an infectious or venereal disease in a communicable form." The outbreak of food poisoning at Westerly in July, 1915, furnishes a striking illustration of the need of such examinations. Sixty individuals, four of whom died, became seriously ill after eating pie. The organism isolated from the pie was determined by absorption tests to be the para beta typhoid bacillus. Its human origin was thereby established. Requests for specimens of blood and stools from those employed at the restaurant were denied; and there was no authority to make possible the search for the carrier. Due to lack of control, therefore, it is not inconceivable that the organism in an increased state of virulence may again gain access to a public food supply with dire results.

During the past two years, one hundred and twenty-six specimens of stools have been examined for the presence of the typhoid bacillus. There were four positive specimens. Two of the positive specimens were obtained on different occasions from the same individual. These findings accounted for a milk-borne typhoid epidemic. The second case was also associated with a milk-supply which was held under the strictest supervision. The third case was that of an inmate of an institution in which typhoid seemed ever present. These measures introduced for the detection of typhoid carriers merit wider acceptance.

The number of specimens submitted for the diagnosis of malaria has been modest. Of the ninety-nine received during the first year, six



proved positive; and of one hundred and eleven of the second year, nine were positive. Apparently the mosquito invasion of Providence last summer was not of the genus to convey malaria, judging from the experience of the State Laboratory.

The bacteriological examinations, indicated in Table II and III, were of diverse character. They included blood cultures, bacteriological examination of purulent material, of spinal fluids, of stools and of urines and examination also of conjunctival smears for trachoma inclusions. Forty-two spinal fluids were received from which the tubercle bacillus, the pneumococcus and meningococcus were recovered. The bacillus xerosis from a case of acute conjunctivitis and diphtheroids from varied sources had also been isolated in the course of the routine.

During the month of December, 1915, a study of cases of so-called "grippe" was undertaken. An epidemic of acute respiratory disorder had at that time involved the central and eastern states. Cultures from thirty-seven cases in the early stage of the disease yielded the pneumococcus, streptococcus, staphylococcus, and influenza bacillus. The last-named organism was found in two cases. The conclusion that no single organism was responsible for the epidemic was suggested even by this short series of cases. The findings, however, were in accord with those obtained in other cities. Williams of New York reported the presence of the bacillus influenza in nine cases out of fifty. Moody of Chicago observed the bacillus twice in a study of thirty-one cases, whereas Mathers did not encounter the influenza organism in his series of twenty-four cases. In this connection the work of Foster is noteworthy. This investigator believes that a filterable virus may be the causative factor in common colds.

The bacteriological examination of milk was limited to six specimens during the two years. The cities of Providence and Newport effect control of local milk supplies through their own laboratories. No other municipalities of the state possess such safeguards; and an average of three bacteriological determinations per year is not consistent with energetic supervision. Milk is an important article of food. The lowering of infant mortality is intimately associated

with clean milk. The ideal is certified milk, the requirements for which are as follows:

1. It shall not contain on an average more than 10,000 bacteria per c. c. Bacterial counts are to be made weekly.
2. It shall contain not less than four per cent. of butter fat.
3. It shall not be subjected to the action of heat; and no preservative or other substance shall be added to the milk for any purpose.
4. There shall be medical supervision of the employees handling the product and an annual tuberculin test of the herd.

Dr. Henry L. Coit, in the Preface of the "Proceedings of the American Association of Medical Milk Commissions" speaks encouragingly. "This pure milk movement," he states, "was started as a professional crusade twenty-five years ago, and by uniting with it sanitarians and health authorities, has activated all agencies striving for pure milk which were previously or have since been organized." Rhode Island has not as yet been enlisted in the membership of the American Association of Medical Milk Commissions. Oh, that a Nathan Straus might appear with generous purse and still more generous spirit to help protect the infants of the state!

Within recent years no work has been so far-reaching in importance as that of Cole and his associates. His classification of pneumococci is not only of prognostic significance, but of therapeutic value. According to immunological reactions, the organisms are divided into four groups. Pneumonic infections due to Types I and II comprise approximately seventy per cent. of cases, whereas the remaining thirty per cent. are due to Types III and IV. The pneumonias due to Type III are characterized clinically by their severity and consequent high mortality, whereas those due to Type IV run a mild course. The treatment of cases due to Type I with an anti-pneumococcus serum is analogous to the treatment of diphtheria with its specific antitoxin. There is no other measure which holds greater promise of reducing mortality than the serum treatment in this formidable disease. Due to the co-operation of Dr. Rufus Cole of the Rockefeller Institute for Medical Research and to Dr. Augustus B. Wadsworth, director of the Division of Laboratories and Research of the New York State Department of Health, the de-

termination of type of pneumococcus is made possible for the profession of this state.

The miscellaneous group of examinations comprises those diagnostic procedures not considered elsewhere. The increase from 494 examinations of the first year to 2,206 of the second year is noteworthy. Serological diagnoses, the diagnosis of rabies, blood counts, the histological examination of blood smears, the cytological examination of spinal fluids, the microscopic examination of urinary sediments, the chemical examination of gastric contents and of stools, the determination of the coagulation time of blood—all these are included in this miscellaneous group. Of the forty-three specimens of spinal fluid, several were obtained by members of the staff as an aid in the diagnosis of poliomyelitis. Under appropriate conditions, cerebro-spinal fluids have been examined for cell count and cytology, presence of globulin and copper-reducing substance; and in doubtful cases, animal-inoculation has also been resorted to. Very few opportunities presented themselves for the treatment of poliomyelitis with normal or immune serum. It was impossible, therefore, to aid in the application of measures which in other centers were attempted in an otherwise intractable disease.

The finding of the ameba histolytica in three specimens of stools out of a total of seventy-one submitted for chemical and microscopic examination proved of unusual interest. One patient, a native of Rhode Island, had never been out of the state, save during the Spanish-American War. Symptoms of bloody dysentery suddenly appeared last year. The other two patients had traveled abroad. Too much emphasis cannot be laid upon search for parasites particularly in the foreign-born population. Symptoms, difficult of interpretation, may occasionally be explained by some form of animal-parasitism.

In May, 1915, the complement-fixation test for syphilis, glanders and gonococcal infections was introduced as an important laboratory adjunct in public health work. Rhode Island numbers among the fourteen states which offer the Wassermann tests for syphilis. During the past sixteen months 1,651 tests for syphilis were performed, eighty for glanders and seven for gonococcal sequelae. A Wassermann survey of the inmates of the state institutions is being made;

and it is noteworthy that a Wassermann test forms a part of the routine examination of patients admitted to the Wallum Lake Sanatorium. The serum diagnosis of syphilis has withstood the test of time. At the larger hospitals no examination of patients is considered conclusive without such investigation. This is by no means an expression of scepticism as to the morality of the race, but of a desire to eliminate the possibilities of hereditary or innocent infections. The complement-fixation test for glanders is performed in conjunction with the State Department of Agriculture.

To complete the broader scope of the work of the laboratory, facilities have been provided for the pathological examination of surgical material. Consequently progressive surgeons and the smaller hospitals without adequate facilities need not be denied pathological reports. Occasionally the microscopic examination reveals the true character of a lesion, the signs and symptoms of which may have been obscure. The importance of a correct diagnosis and therefore of prognosis is only too obvious. Moreover, the movement, fostered by the American Society for the Control of Cancer, has gained momentum. Microscopic diagnosis of suspected malignant disease and attempts at early eradication are measures urged for its control. It may not be amiss to cite some of the recommendations made by a committee of the Society. The recommendations appearing in the issue of the *Journal of the American Medical Association* of May 27, 1916, are as follows: "(1) So far as consistent with local conditions, facilities should be offered under public auspices in each state for the diagnosis of tissue suspected of being cancerous. Preferably these should be made free of charge. (2) The logical place for the doing of such work is the laboratory of the state health department. It is not to be supposed that such work will be given the preference over the work now being done by these laboratories. (3) To cover this work in those states which have no facilities, additional money should be appropriated." Rhode Island is one of the twenty-four states which provide facilities for this important diagnostic measure and is one of the thirteen states which make no charge for the services.

The total number of surgical specimens re-

ceived during the past two years amounted to 929. Unusual and unsuspected pathological conditions were encountered. Thus of seventy-eight tonsils, one showed the presence of pharyngomycosis and four of tuberculosis. The most noteworthy in the series of specimens were the following: Malignant adeno-cystoma and intracanalicular papillary adeno-fibroma of the male breast; tuberculous ulceration, sarcoma and endothelioma of the tongue; fibro-sarcoma of the breast; adeno-carcinoma of the breast with tuberculosis of the adjacent axillary lymph-nodes; and echinococcus cysts from the liver and abdominal cavity. The vomitus of a female patient, 65 years of age, contained a solid mass of tissue which microscopically proved to be adeno-carcinoma originating in gastric mucosa. Thirty-six specimens showed the varied types of epidermoid carcinoma, derived from the epithelial layer of the skin. The incidence of this form of malignancy makes urgent the need of treatises on skin-prophylaxis in safety-first campaigns of education.

In addition to the facilities for examination of surgical specimens, as previously indicated, provision has been made for post-mortem examinations. Twenty-five necropsies were performed by members of the laboratory staff. Of this number five were made for medical examiners, twenty at the state institutions, and one for a private physician. One case of leprosy, one case of poliomyelitis, and one case of tuberculosis were included in the number. The last named showed extensive tuberculous endometritis, cervicitis and metritis, with extension of the disease into the multiple leiomyomata which were present.

The importance of post-mortem examinations cannot be overestimated. Morphology as the basis of proper understanding of disease is fundamental. The entire structure of modern medicine is built upon morphology, both gross and microscopic. The limited opportunities in this state for the promotion of the study of pathological anatomy must seriously affect progress. The support of the legislature needs to be enlisted. Accordingly the suggestion is offered that the appropriate committee of this Society seek through legislation to promote pathological study. In the contemplated group

of new buildings at Howard a laboratory with all modern equipment would become a museum of pathology and a storehouse of knowledge. The state which has afforded sustenance to the inmates of its various institutions during life may not unreasonably claim their bodies in death. Human welfare would find a greater safeguard in the sacrifice of a sentiment which protests against the pathologist and which always approves of the surgeon. Each case would accordingly add to the sum total of knowledge before the committal of the body to the disintegrating forces of Nature. In this connection, the opinion of an eminent churchman is of timely importance. In an article, entitled "Autopsies," appear-

TABLE V  
Showing the Number of Examinations made for each County or Sub-division of County, from Sept. 1, 1914 to Aug. 31, 1915.

Zone	1	2	3	4a	4b	4c	4d	5	Out of State	Totals
Brighton	64	158	67	1119	548	11	440	74	1	2482
Quincy	53	64	23	1371	158	100	219	36	3	2047
Spots for Tuberculosis	40	63	9	585	102	31	245	56	6	1165
Widal Reactions	7	7	0	91	31	10	16	0	0	170
Specimens for Gonorrhea	5	0	0	56	8	3	15	3	0	96
Specimens for Malaria	4	5	6	180	14	5	60	2	0	286
General Bacteriological	0	17	10	220	25	11	201	8	2	406
Miscellaneous Examinations	1	3	48	372	17	19	11	6	0	477
Surgical Operations	0	0	0	2	2	0	4	0	0	8
Post-mortem Examinations	182	345	163	4056	905	190	1213	191	18	7287

ing in the October number of the Bulletin of the State Board of Health, his conclusion reads as follows: "The autopsy, intelligently regarded, is a beneficent proceeding both in the narrower and in the wider view. The disfavor with which it is quite commonly regarded is not intelligent. It is the reaction of the undisciplined imagination to an imperfectly apprehended fact."

Every effort has been made to enlist the co-operation of the profession. In addition to the pamphlet, "Concerning the Work of the State Laboratory," informal lectures have been delivered before the several County Medical Societies, the State Dental Society and the State Homeo-





plants of public water supplies or the abolition of the free distribution of diphtheria anti-toxin. Prior to the installation of filtration plans by municipal authorities, the great prevalence of typhoid fever in American cities designated the disease "the national disgrace." The ability to obtain or purchase potable water was a class privilege. In Pittsburgh, as shown by McLaughlin, the installation of filter plants has saved four hundred lives annually from typhoid fever alone. Class privilege then became a universal privilege. Every assurance must, therefore, be given that the office of the state pathologist shall continue to be in its administration a monument to altruism and a challenge to chauvinism.

The laboratory has furthermore taken part in public health education. Informal talks and demonstrations have been given to classes of nurses, classes from the State Normal School and to boys' clubs. Material for teaching purposes has from time to time been forwarded to the State Normal School and to the Rhode Island Agricultural College. The great value to the laboratory of academic association has been emphasized by Dr. Charles V. Chapin in his admirable "Report on State Public Health Work" in the United States." He records his views as follows: "\* \* \* , there are certainly very strong reasons for a state laboratory having university connections. The university is the center of scientific knowledge and of the scientific spirit of the territory it serves. What health officials need more than anything else at the present time (except freedom from politics) is more scientific knowledge and inspiration. It would seem that such ought to be obtained from the university, and it would be worth while to get it, even at considerable cost. \* \* \* The advantage of a connection between the State Health Department and the university is so apparent that it has appealed alike to health officials and legislators." During the past two years your state pathologist has had no such connection with any local institution of learning. Nevertheless, his membership on the teaching staff in the department of Pathology and his affiliation with the department of Preventive medicine of the Harvard Medical School has assured for the laboratory a distinguished academic fellowship. Moreover, the Board of Trustees of the Newport Hospital and

the Corporation of St. Joseph's Hospital have shown the office of state pathologist a marked courtesy. Its incumbent has been appointed to the consulting staff of those respective institutions. Opportunity for increased public service is thus afforded and the value of a public office is thereby enhanced.

With the enlarged scope of work of the laboratory of pathology and bacteriology, the present State Board of Health has made available for the medical profession of Rhode Island and therefore for the citizens of the state as many scientific resources as obtain in any state in the Union.

This record of initial experiences in the office of state pathologist would be incomplete without an acknowledgment of the loyal support of the laboratory staff and the co-operation of the members of the Board of Health. The medical profession is indeed indebted to the Finance Committee of the Legislature for its generous appreciation of the growing needs of a striving laboratory.

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#### THE PELVIC APPENDIX.

By WILLIAM L. HARRIS, M. D.,  
Providence, R. I.

During the past few years, so frequently have papers upon the subject of the diseased, vermiform appendix been read before this Society, that it would seem almost impossible to present any new phase of this serious condition; but the habit of this diseased organ to hide itself away in obscure parts of the abdominal cavity is so decided that it will repay us if, from time to time, we consider such unusual conditions as those arising therefrom and, especially in children, to be on the watch constantly for their incidence. This is true more particularly because of the well-known fact that a ruptured, post-colic appendix, or a gangrenous appendix within the true pelvis, frequently yields no physical signs whatever. When such cases are first studied, there may be absence of alteration in temperature, pulse rate, abdominal distention or abdominal muscular defence, while the patient may have, nevertheless, a pocket of pus, more or less walled off, somewhere in the pelvis. A careful



consideration of the history of the onset of the attack and its subsequent development may be the sole reliance for aid in the interpretation of the disease picture; and from this viewpoint I take the liberty to-night of presenting for your critical consideration these remarks upon the symptoms of an acutely diseased appendix which has found lodgment in the cavity of the true pelvis.

We all are familiar with the classic symptoms accompanying acute inflammation of an appendix situated in the right iliac fossa. Prompt resort to surgical interference has robbed this affection of its one-time frightful mortality, so that now we see fatal results only when such interference has been unwisely postponed.

The descent of the appendix from its usual position in the right iliac fossa is due to abnormal mobility of the cecum. Normally, with the exception of the sigmoid flexure, or, as it now is termed, the pelvic colon, the cecum is the most mobile portion of the large intestine. Under conditions of increased mobility it has been uncovered with the contents of a left inguinal hernia. Having no mesentery of its own, it is dependent upon its attachment to the ascending colon and ileum for its sole support, as a rule. In the instances in which it is found dragging the appendix with it into the true pelvis, it shares with the latter organ a congestion due to taxis upon the ileo-colic vessels. It would seem that the more mobile the cecum appears the shorter becomes the meso-appendix; and a short or scanty meso-appendix obviously is more liable to circulatory constriction and gangrene due to kinks, twists or simply traction upon the vessels. Among the lesser grades of pathological defects are edema and hyperemia of the appendicular mucous membrane and the mucous membrane of the cecum, which are commonly associated with attacks of early acute suppurative appendicitis. The incidence of this lesion so frequently in young people is to be explained by the occurrence of the abundant deposits of lymphoid tissue in the appendiceal and cecal walls, which, as life advances, undergoes almost complete atrophy. This tissue becomes infected through absorption from the epithelial surfaces contiguous to it, which have been abraded by foreign bodies, as, for instance, by fecal concretions, with the re-

sulting interruption of the normal, lymphatic drainage of the parts.

The point of greatest tenderness in appendicitis corresponds to the distribution of the spinal nerves irritated by extension of the purulent exudate to the parietal peritoneum; consequently, when McBurney's point is the site of greatest pain upon pressure over this point, in a case of appendicitis, we may assume with safety that the appendix is situated upon the right, iliac fossa. If the appendix is elsewhere, pressure over this point will not elicit this important symptom. Localized pain may be elicited at other points, however, and, if it be elicited, becomes a matter of quite as much importance as that over the classic point.

One or two concrete examples may suffice to indicate briefly the salient facts within this reference:

John W., aged 17, machinist, well developed and nourished, has always had excellent health, excepting that he has had what he describes as several attacks of "summer complaint," extending over a period of two years. There is no history of independent, gastric disturbances. He has been habitually constipated. Eight hours after eating a shore dinner, he developed a severe attack of abdominal pain, which gradually disappeared; five hours later he vomited. His physician, having diagnosed the attack as one of "acute indigestion," prescribed an enema and gave him two ounces of castor oil *per os*. On the following morning he was much improved and complained only of slight soreness in the umbilical region. There was no point of tenderness; temperature was 99, pulse 84. On the second morning after the attack he returned to work and was free from discomfort throughout the day. For his evening meal he ate two soft-boiled eggs and piece of toast. At midnight he vomited about a quart of greenish fluid and the family physician was summoned again. There was now a considerable abdominal distention and a temperature of 100, so that the possibility of appendiceal involvement was discussed. On the following morning he was admitted to the hospital, where, after an examination, the surgical interne reported as follows: Temperature 99.8; pulse 88; respirations 18; no abdominal distention or rigid or tender areas; tongue slightly

coated; appearance not that of a sick man; complaints of frequency and urgency of micturition; leukocytes, 28,000; polymorphonuclears, 84 per cent. The diagnosis was thereupon made of acute, suppurative appendicitis, with perforation, and with the consent of the patient the operation was at once performed.

When anesthesia was sufficiently deep, palpation of the abdomen revealed a considerable, inflammatory mass, lying deep in the pelvis. Upon opening the abdomen, the cecum was found wedged between the posterior, vesical wall and the sigmoid; and the appendix, four inches in length, wrapped around with omentum, lightly adherent to the posterior, vesical wall covered by the mesentery of the terminal ileum, which, for a distance of eight inches, was adherent to the mass in a "U"-shaped loop. The omentum was then divided at the point of its attachment to the appendix, and the latter organ, having been tied off with silk, was removed. On separating the adherent omentum from the appendix, the latter revealed a large perforation. The pelvis contained a considerable amount of turbid exudate. The gut was found to be very edematous, and, upon handling, gave the impression of being at least a half inch thick. At either end of the "U"-shaped loop the intestine was normal. Four cigarette drains were introduced into the pelvis and the edematous loop of the ileum allowed to rest upon them. The upper two-thirds of the wound was closed with interrupted sutures. At the lower end of the incision the rectus fascia was puckered with a chromic suture, which included about half of the sheath. This is a simple procedure, which, in our opinion, does away with hernia in a majority of cases, which hernia may follow free drainage of this character.

In another case, a patient was admitted to the hospital, three years ago, with a diagnosis of renal colic on the left side. The case was diagnosed by an excellent physician to whom the type of the pain, which was referred to the left testicle, appeared quite characteristic. There was neither rigidity nor pyrexia, but, on the other hand, marked urgency and frequency of micturition. After considerable discussion the diagnosis of appendicitis was concurred in by everyone present except the patient, who, refus-

ing operative aid, left the hospital. Recurrence of symptoms identical with those described compelled him to seek the aid of another physician a few weeks later, and, upon being assured by this physician that the attack was one of appendicitis, he submitted to operation, which revealed a long infected appendix adherent to the posterior, vesical wall.

In our opinion, cases of this type, particularly those which have developed to the extent of the first cited case, are complicated more times than are recognized with a septic pneumonia. The recognition of this complication will become more frequent if one constantly is on guard against its occurrence and is not willing too quickly to ascribe moribund conditions to more readily apparent factors. A few days after the interference by surgery in a case of this character, with the incidence of abdominal distention, which resists all attempts for its removal, the statement often will be heard that the chances are that the gravity of the case is due to interference with diaphragmatic movements dependent upon intestinal paresis. This is a facile explanation and all too apparent many times, but its facility should not deceive us.

In the history of the first case, one fact stands out clear and convincing when considered with proper reference to the other, but minor features in the case, namely, the hyperleukocytosis, with preponderance of polymorphonuclear cells. Aside from the latter certain sign of spreading, purulent exudate, the picture is insufficient.

Rectal examination may or may not cast some light upon the site of involvement, but there usually is a quite considerable collection of fluid in the recto-vesical space. At times a sense of pelvic fulness will be due to a distended sigmoid.

In operating for this condition, the incision should be so placed as to afford the freest possible access to the pelvis. Drainage then should be ample, consisting of never less than three or four cigarette drains, and, if a considerable amount of exudate be found in the pelvis, or extensive areas of edematous intestines be discovered, large drains of iodoform gauze should be introduced into the pelvis. In bad cases it is our habit to use from five to fifteen gauze sponges, the lower end of each being freely cut across, so as to furnish a large, brush-like, ab-

sorbent surface which is laid upon the floor of the pelvis. Then, up and down the wound; strip after strip of gauze is thus inserted, until the whole cavity has been filled thoroughly with a clean mass of moist, coarse gauze, upon which the replaced intestines will lie. Here and there, as this gauze is introduced, good-sized cigarette drains ought to be placed, one of which should be removed every ten or twelve hours. This manœuvre overcomes one of the objections to the use of gauze drains, namely, that they may act as a plug; and the idea is thus furthered of leaving in the pelvic cavity moist gauze in a sufficient quantity to take up capillary attraction all exudate formed during the first twenty-four hours after operation. Furthermore, instead of hanging in the infected pelvic cavity, the intestines rest upon a clean mat of moist, aseptic gauze which, in the large majority of cases, covers every spot of pus producing tissue. By the time that pus is produced again in a very considerable quantity, the adhesions formed are sufficient to protect the patient; and in addition to thus protecting the patient, such drainage makes him more comfortable by far. It is a common occurrence for the nurses attending to comment upon the decided lack of distention in such cases.

It is much to be regretted, it seems to me, that many operators do not approve of this method of drainage, for after many years of its employment I am convinced very firmly that it provides the one, great, safe way for handling purulent exudates within the abdominal cavity. For a brief period, years ago I essayed the management of this type of case after having inserted two or three cigarette drains, occasionally supplementing these with a glass or rubber drainage tube, but an increasing mortality forced me to return to the method I am urging tonight. Drainage of this kind ought to be removed entirely at the end of five days, and the drains should be so introduced that those lying next to intestinal loops can be recognized readily to be removed last. Force is never to be employed in removing gauze drains; a drain that does not come away readily and freely should be allowed to remain, for cases are on record and within my experience wherein the forcible removal of a drain has resulted in fecal fistula and severe hemorrhage.

The care of dressings in this type of case is of paramount importance. They should be removed as often as they become slightly soiled, which often necessitates their being changed as often as every three or four hours. The wounds should never be irrigated, but at least once in twenty-four hours a gloved finger is to be introduced so as to prevent premature closure of the fascie. If, at the end of the second or third day, a fecal fistula forms, all drains should be removed at once, and the cutis surrounding the wound protected by applications of warm Beck's paste. While the incidence of a fecal fistula in a case of this kind is unfortunate, the prognosis, in this event, should be always good, providing that the wound and drainage tract has not been meddled with. Masterful inactivity, in this regard, coupled with scrupulous cleanliness, assure a speedy and uninterrupted convalescence.

Despite the large amount of gauze passing through the wound, post-operative hernia are very rare.

One fact that I wish to emphasize especially is that abdominal surgery in suppurative conditions meets its most pronounced success under conditions of minutest attentions to details. The drainage that it demands so often is heart-breaking and wearisome to that man who wants immediate results, but, on the other hand, matters will terminate most satisfactorily, in the average case, if the man that wields the knife and lays the drains makes his entrance to the abdomen with a determination to disturb the human organism no more than is absolutely necessary, to cut his way cleanly in, not to hack or tear, to do what he has to do as quickly as may be, without neglect of the elements that make for thoroughness. There are those who cry "butcher" when a surgeon, in the face of a desperate condition, resorts to desperate means to give his patient the only desperate chance; but the man who, with any realization of responsibility, realizing that perhaps his race with the onrushing forces of death is only a matter of minutes, and therefore that his only hope lies in immediate expulsion of the virus spelling death for his patient, coolly and deliberately and rapidly provides avenues for escape of pus,—that man, I say, is more of a philanthropist and more nearly approaches the ideals of our work than one who, to save his own record of apparent merit, takes no chances upon himself, but pronounces the case hopeless from the start.

### YEARLY MEDICAL EXAMINATION URGED FOR PREVENTION OF DISEASE.

The American Society for the Control of Cancer strongly seconded the efforts of the National Association for the Study and Prevention of Tuberculosis by having December 6th set apart as "National Medical Examination Day." Among other observances planned for the day, Dr. Harvey R. Gaylord of Buffalo, Director of the New York State Institute for the Study of Malignant Disease, delivered an address on cancer at Minneapolis under the auspices of the "Health and Happiness Week" arranged by the Minnesota Public Health Association in coöperation with other social and civic organizations.

The time is undoubtedly coming when Americans will appreciate the great wisdom of the Chinese policy of paying the doctor to keep the patient well. The rapidly growing movement in favor of an annual medical examination for every person, sick or well, promises much benefit in the reduction of the death rate from cancer as well as that from tuberculosis. In both these very prevalent diseases the hope of cure is very much greater if the ailment be recognized and treated in the earliest stages. Cancer is by no means a hopelessly fatal disease and an ever increasing number of those afflicted are being saved through their intelligent recognition of the danger signals and their prompt recourse to competent treatment. Undoubtedly many more cases of this disease would be recognized in time for treatment in the early stages, when cure is a comparatively simple matter, if people were in the habit of consulting their physicians once a year or even at shorter intervals, and having a general physical examination.

Cancer patients are often persons who have generally enjoyed good health, have never been seriously ill and who at the time of the onset of the disease were apparently in robust health. This disease is so insidious in its approach and so often without pain in the first stages that the patient often fails to pay serious attention to the signs of danger. Statistics independently gathered by many surgeons prove that the average cancer patient waits a year or more after observing some suspicious condition before seeking the treatment which is then often too late. This dis-

astrous delay is the main if not the sole obstacle to the successful treatment of cancer at the present time.

"Early cancer," says Dr. Charles P. Childe, a prominent English surgeon who has written one of the best popular books on the control of this disease, "produces no feeling of ill health whatever. In other words, early cancer has no symptoms. The reasons which usually induce people to consult a doctor are the suffering of pain or the feeling of ill health. Early cancer produces neither. People are far more likely to go to a dentist with an aching tooth than to a doctor with commencing cancer; they are far more likely to consult a doctor with some trifling derangement of the liver than on account of cancer in its early stages. Owing to the insidiousness of its onset, the victims of cancer are often totally unconscious of the seriousness of the disease which has attacked them. Disaster following on delay through sheer ignorance on the part of the unfortunate sufferers that there was anything seriously the matter with them—these are the everyday experiences of surgeons who see much cancer." All good physicians, however, are familiar with the warning signs of the approach of this dangerous disease and if given a chance to examine their patients once a year, especially after the age of thirty, they could undoubtedly save many of them from death before their time.

### CAMPAIGN AGAINST WOOD ALCOHOL.

The New York Committee for the Prevention of Blindness has begun a crusade against makers of bay rum and other toilet articles containing wood alcohol. Two manufacturers have been fined and four more face trial. Bay rum containing wood alcohol may cause blindness. Power-house whisky which contains wood alcohol may cause blindness or death. Soft drinks containing wood alcohol may cause a withering of the optic nerve and consequent blindness. Workers in large vats who are obliged to shellac the inside of them become blind from inhaling the fumes of the wood alcohol contained in the shellac. The laws are stringent regarding the manufacture and sale of wood alcohol, but unless some one makes it his business to keep watch on the unscrupulous manufacturer they will introduce this vile poison because it is cheaper. See to it that your barber uses only the best toilet articles, and that the ginger ale you drink is one that does not contain this poison. You can detect the odor in most instances and this should put you on your guard.

—*Jour. A. M. A.*



# THE RHODE ISLAND MEDICAL JOURNAL

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## EDITORIALS

### THE RHODE ISLAND MEDICAL JOURNAL.

"The King is dead—long live the King." With the issue of November, 1916, the Providence Medical Journal, which has served the medical public of this state for seventeen years, went out of existence. With the New Year is born a new publication,—THE RHODE ISLAND MEDICAL JOURNAL. New in name, it is still the old familiar friend which has come to our desks every two months these many years. The change

in name and ownership was made in order that the JOURNAL might obtain additional financial support. The local field had been thoroughly canvassed and found to yield an insufficient revenue. Accordingly the JOURNAL was purchased from the Providence Medical Association and is now the property of the Rhode Island Medical Society. As the JOURNAL is now owned by the State Society, we are in a position to receive aid from the Co-operative Medical Advertising Bureau, under the auspices of the American Medical Association. By the terms of this agreement the JOURNAL must be published monthly, and all advertisements must be ap-



proved by the Council of the American Medical Association. We have conformed to the standard set by other state-owned journals and have increased the size of our page, used double instead of single column reading page, and have made our title page and contents uniform with the other state journals. The change in the JOURNAL has resulted in the loss of much advertising patronage. This will be compensated for by the addition of considerable other advertising obtained through our new affiliations. It is a source of satisfaction, in which every reader can share, that the advertising pages of this JOURNAL are as clean as that of any medical publication in the country. The Providence Medical Journal served the whole state, but never received the support it deserved from the district societies. Now that every member of the Rhode Island Medical Society feels a sense of proprietorship, we hope the district societies will give the JOURNAL the support it deserves and must have. We need co-operation. We wish all the medical interests of the entire state to collaborate in the production of a journal which shall represent the state as truly in reality as it does in name. As our literary miss makes her bow under her new name, we bespeak for her a hearty support, believing that her sphere of usefulness is to be greatly increased.

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#### EDITORIAL STAFF.

With the change in name and ownership of the JOURNAL comes a change in the Editorial Staff. At the beginning of a new chapter in the life of local medical journalism, it is fitting that we pause and review the path by which we have come. Previous to the year 1900 there was no local medical journal which catered especially to Rhode Island physicians, although the Atlantic Medical Journal had served the community to a certain extent. In 1899 the Providence Medical Association determined to establish a medical journal in which could be published the valuable papers read at its meetings and before other local societies and clubs. It also provided a permanent record of the interesting clinical material of the Providence hospitals. The first number appeared in January, 1900, and Dr. George D. Hersey by common consent was chosen the Editor. To

him fell the onerous task of putting the JOURNAL on its feet. For thirteen years he labored long and well, and the publication grew in circulation and influence. When ill health compelled him to resign, Dr. F. T. Rogers, reluctantly but with characteristic courage and self-denial, assumed the burden and resuscitated the JOURNAL at the most critical period in its history. During the three years of his Editorship, interest in the JOURNAL increased by leaps and bounds. His timely and keen editorials, cutting deeply into the heart of local medical questions, were eagerly awaited by an appreciative clientele. During Dr. Leech's year as Editor, the JOURNAL has been kept up to the high standard set by his immediate predecessor. It is with many misgivings that the present Editor assumes the mantle as it falls from such proficient and well-trained shoulders. He has been fortunate in persuading both Dr. Rogers and Dr. Leech to remain on the Editorial Staff. The medical profession are thus assured that the trenchant pens of these writers will continue to furnish interesting and forceful criticism of local conditions. The Editor is also fortunate in being able to announce as associates on the Staff, Dr. Alex. M. Burgess and Dr. John E. Donley. The names of these gentlemen are a guarantee that the scientific standard and the literary tone of the JOURNAL will not suffer at their hands. THE RHODE ISLAND MEDICAL JOURNAL, as its opening gun, wishes to extend to every physician in the state its best wishes for a Happy New Year and a continued season of health and prosperity.

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#### FINANCIAL CONDITION OF THE MEDICAL LIBRARY BUILDING.

The Rhode Island Medical Society will soon be called upon to face a serious crisis in its financial history. The generous response of the profession enabled the Society to build and equip its Library with a debt of only \$10,000, and the Building Committee turned over to the Treasurer nearly \$3,000 as a nucleus of a sinking fund. It was hoped that the interest shown in the period of construction would be extended to the following years, and the estimate that the Library would be more than self-sustaining would be verified, planning that the expense of maintenance would be met by gifts from organizations

which used the Library building for meetings as well as by donations to the sinking fund and appropriations from the funds of the Society. The first has been a disappointment, not because the building has not been used, but because there has been no adequate return. On the contrary the expenses of the Society have been increased by additional bills for light, fuel and janitor service, to say nothing of the wear and tear on the building and furniture—in certain instances excessive.

The Trustees of the building have been remiss in their duties, and it is time that they should devise some system whereby the Society shall at least be saved additional expense.

Donations, with the exception of the sums given by the Trustees of the Fiske Fund, have been negligible, and even that small addition was omitted last year and the money devoted to binding, a praiseworthy object, but not so essential as the maintenance of the building. Prudence forbids the purchase of a new automobile while owing for gasoline used in the old one, and the funds of the Society have been inadequate for current expenses, but instead of adding to the sinking fund and preparing for the future, we have been spending the principal, and the amount is now but a little over \$1,000. Common sense in financial matters would indicate that we must either increase our income or diminish our expenditures. The State Society is no Rhode Island Legislature spending the people's money. It is our own we are wasting, and instead of increasing salaries and binding books, instead of donating the use of our rooms, we should restrict our expenses in every way until such a time as we can afford the desirable and necessary outlay for books and binding. Already repairs are necessary and the Society is without funds for this purpose. We must either draw still further on our resources or allow our home to suffer by neglect. It is the duty of the officers of the Society to make a determined effort to remedy this unfortunate condition before it is too late.

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#### THE WORKMEN'S COMPENSATION ACT.

On the first day of October, 1912, the Workmen's Compensation Act became law in Rhode

Island. Paradoxical as it may seem, the Act, though designed to aid injured workmen, is an excellent piece of capitalistic legislation. But that is not our present point, which is this,—in one important particular the Act does a disservice to the very workman whom it is supposed to benefit, in so far that it places him under the dominion of his employer. Few will be disposed to deny that to an injured employee medical attention is of vital importance. And if he be really a man, one that is, who has not lost the tradition of freedom common to the mass of American men, he will desire to do three things; first, to choose his physician; second, to have him in attendance for such time as he is reasonably required; and third, to see that he is paid for his services. The present Workmen's Compensation Act concedes to the workman none of these things, or at least it leaves them in such form that misunderstandings and disputes are inevitable. Moreover, it makes of the workman, in law as well as in fact, a proletarian,—one who is economically not free. You may conceal the situation with words, if you will, but you cannot conceal the truth that the workman's condition is thus made servile, and as such is by law established. Deprive the injured man of his ancient right to choose his own physician,—you have invaded his personal liberty; deny him medical attention for more than two weeks, except at his own expense, you do him frequently an injustice; make it impossible for him many times unless he will risk economic loss to see that his physician is adequately paid,—you have wounded his self-respect.

"But," some one may say, "the employer who is financially the more competent will as a rule supply more skillful medical attention than the workman will select for himself." Excellent. But you miss the point. We are discussing not the quality of the medical attention supplied, but the fact that in a very special and personal matter the workman has been deprived of his freedom. We are criticising the fundamental principle of the thing, not the extraneous circumstance of the quality of service. Though it may sound strange to the ears of the society in which we live, yet we believe it to be true and demonstrably true, that an injured workman who cannot freely and legally choose his physician has

taken the first step toward becoming a servile proletarian. Certainly, the Workmen's Compensation Act has done him a disservice here.

As for ourselves, we physicians are no better off. In a matter of capital importance, namely, the collection of our fees for services, we are, so to say, non-existent. Should there be a disagreement about our bills, the dispute is not between us and any employer or his representative, but between the employee whom we may have attended and his employer. We have no legal standing in court or out of it. The only way in which, at present, we can obtain a legal adjudication of a disputed bill, is through an appeal to the court by the employee whom we have served. You observe what follows. If an employee identifies our cause with his, he may lose his job; if he does not, we may lose our compensation or, if not that, be compelled to accept so much as a dictatorial insurance company may deign to offer us. And even if successful in convincing the court of the justice of our claim, we shall be obliged to pay out of our own pockets the cost of obtaining a fee which we believe to be our due. And so, like the workman, we have been placed in a new social status,—the proletarian physician. Such, then, being the present situation, it behooves us to bestir ourselves from our customary and too prolonged slumber, and consider seriously not what we *think* about it, but what we are going to *do* about it.

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#### THE KING'S ENGLISH.

It has been said that even a doctor should be able to speak and write correctly. A few can. Many either cannot, or begrudge the time or effort to do so. A glance over contributions to the modern medical journal too often reveals such wholesale murder of our mother tongue as would bring a blush of shame to the cheek of any high school student. Furthermore, many of these contributors, whose conscience and training impel them to write grammatically, abandon all attempt to attain the "unity, coherence, and force" urged upon them in their college days, and succeed in cleverly concealing their few salient facts in such a mass of disordered detail that the patience of man is exhausted ere the first gem of important information is un-

earthed. The article which begins by clearly stating just what ground it is going to cover, sets forth its main facts in logical order, arranges its detail of history, case reports, or experimental data so that it can be readily recognised and conveniently disregarded by the busy reader, and ends with a clean cut and effective recapitulation of its essential points is, in the world of medical literature, a gem indeed.

In speaking for the edification of his colleagues the average doctor is still more deficient than he is in writing. This is especially evident in the discussion of papers at the local medical meetings, which often contains too much of the disjointed ramblings of the man who likes to hear himself talk, or wishes to impress his colleagues with his wisdom, and too little of the clear, clean-cut criticism and comment of the man whose experience and training make what he says valuable to his fellows. Poor discussions fall into two main types—first, that of the man who has nothing to say, but talks well, and second, that of the man who has something to say, but talks poorly. A common instance of the second type of discussion is that in which the constant repetition of the phrase "it seems to me" beginning sentence after sentence robs the discourse of much of the telling force warranted by its subject matter. Of greatest value to his colleagues is he who can recognize when he has something of value to say, who can say it forcefully and concisely, and who knows when to stop.

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#### HEALTH INSURANCE.

Medical features in connection with Health Insurance are bound to assume a more or less paramount importance in the thoughts of physicians, and it would be well if every physician in the state would devote one evening to reading the voluminous and extremely interesting report of the Committee on Health Insurance presented to the House of Delegates of the American Medical Association and printed in the minutes of the meeting in the issue of June 17, 1916, of the Journal of the A. M. A.

In order to be acceptable to the medical profession, a health insurance law should contain certain fundamental provisions:

1. There should be adequate representation of the medical profession on the insurance commission or boards having to do with medical matters.

2. Following the British idea, modified to suit conditions in this country, there should be lists or panels of physicians on which list every legally qualified physician should have the right to place his name as indicating his desire to do this sort of work.

3. The sick employee, insured under this act, must have the right to choose his physician, subject to the acceptance of the patient by the physician.

4. The present day demand for co-operative effort of several physicians in establishing the diagnosis and prosecuting to a successful end the treatment of the patient, requires that provision should be made for engaging for the sick insured wage-earner the services of specialists when needed.

It must be remembered that this whole scheme is for health insurance and not for indiscriminate charity, and it should be approached as a purely business proposition.

#### ANOTHER BOOK SELLING SCHEME.

Within the past month two women lecturers representing the "Domestic Medical Society of New York" have been granted the privilege of addressing the employees of several large industrial plants on the subject of "First Aid and Good Health." The apparent purpose of the lecturers is to inculcate in a purely altruistic manner the essentials of health, etc. The joker makes its appearance at the end of the lecture when the employees are induced to purchase a book called "Domestic Medical Practice," which sells for \$12, \$1 down.

The Domestic Medical Society, 45 West 34th street, New York City, publishes and sells for \$12 a book called "Domestic Medical Practice." A branch of the Society, under the name of the Physicians' Health Society, operates at No. 1 West 34th street. Mr. I. W. Wagner is the proprietor of the Domestic Medical Society and Mr. A. A. Marshall his business manager. The Physicians' Health Society is managed by a Mr. Parker.

The striking feature of the foregoing is the utter absence of a medical man in an organization which apparently exists for the sole purpose of pushing the sale of their book.

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#### OLD INSTRUMENTS.

The appeal which has been made to physicians for discarded and broken surgical instruments for use in the small hospitals of interior France should strike a responsive chord in the heart of every one of us, regardless of our bias toward one or the other group of belligerents in the world war. There can be no question of the urgent need of these supplies, and the tendering of them to the sufferers through the Pawtucket Branch of the Women's Auxiliary to the British Relief Association will not be an infraction of that nebulous Wilsonian theory of "neutrality of thought as well as of deed." Do not be deterred from sending an instrument because it is broken, for the Committee is willing and glad to put in repair for useful service any and all instruments they receive. The response to date has been quick and worthy of the profession, but it should not be allowed to lag while the need of help is so great. Packages of instruments may be left at the Medical Library or a telephone call to Dr. Fuller of Pawtucket will bring a messenger for them.

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#### SOCIETIES

##### RHODE ISLAND MEDICAL SOCIETY.

##### MEETING OF THE COUNCIL.

Nov. 17, 1916, 4 P. M.

The meeting was called to order by Dr. Rogers and later presided over by Dr. Champlin. There were present Drs. Welch, Risk, Swarts, Rogers, Leech, Payne, Champlin, Fuller, French, Mann and Day.

Dr. Swarts, Chairman of the Board of Trustees, reported the necessity of having the outside of the Library Building painted.

The Treasurer's budget was amended and presented as follows:



Expense	Budget Adopted		Expense First 10 Months 1916	Budget Recom- mended 1917
1915	1916			
198.21	125.00	Printing and postage	63.83	115.00
450.00	400.00	Interest	200.00	400.00
612.15	650.00	Librarian	554.00	650.00
360.00	360.00	Janitor	300.00	360.00
286.55	300.00	Fuel	271.25	320.00
91.83	75.00	Gas and electricity	74.36	90.00
176.40	175.00	Collations	83.55	175.00
41.75	50.00	Books and bindings	45.10	50.00
78.42	75.00	Repairs and supplies	42.96	260.00
15.00	15.00	Insurance	15.00	15.00
5.00	5.00	Safe deposit	5.00	5.00
16.89	20.00	City water	13.61	20.00
63.92	75.00	Telephones	57.21	75.00
25.00	160.00	Unforeseen liabilities	120.20	100.00
2,421.12	2,485.00		1,846.07	2,635.00
Actual	Estimated		10 Months'	Estimated
Revenue	Revenue		Revenue	Revenue
1915	1916		1916	1917
86.51	75.00	Interest	75.00	75.00
464.00	425.00	Donations	468.65	450.00
176.60	150.00	Balance	350.99	100.00
1,795.00	1,750.00	Dues	1,480.00	2,000.00
2,522.11	2,400.00		2,374.64	2,625.00
250.00	Loan			
2,772.11				

The Treasurer's budget thus amended was approved to the House of Delegates.

It was voted to recommend to the House of Delegates that the Treasurer be authorized to pay to the Providence Medical Association \$1 for the Providence Medical Journal.

Adjourned.

J. W. LEECH, *Secretary*.

#### MEETING OF THE HOUSE OF DELEGATES.

Nov. 17, 1916, at 4:30 P. M.

Present—Drs. Chesebro, Rogers, Mowry, French, Fuller, Howe, Mann, Payne, Robinson, Day, Welch, Champlin, Risk, Hawkins, Magill, Williams, Leech. The President, Dr. E. D. Chesebro, presided. The minutes of the previous meeting were read and approved.

A communication from the Washington District Society announcing the appointment of Dr. F. I. Payne as councilor from that Society to the Rhode Island Medical Society was read.

A communication from the Council for Medical Education of the A. M. A. relative to the requirements necessary to secure a charter for educational institutions was read. It was voted to refer the subject to the Committee on Medical Education, State and National.

A communication was read from the Secre-

tary of the A. M. A. requesting the appointment of a Committee on Social Insurance. Upon motion of Dr. French, seconded by Dr. Hawkins, it was voted that the Chair appoint a committee of five which shall be known as a "Committee on Social Insurance." The Chair appointed Dr. J. E. Mowry, Chairman, Dr. French, Dr. McLeod, Dr. Walter Sullivan and Dr. Welch.

Dr. Risk moved that the dues for the year 1917 be fixed at \$5. It was so voted.

The Treasurer's budget as approved by the Council was passed and the Treasurer was authorized to pay bills in accordance therewith.

Dr. Hawkins, Chairman of the Committee on Publication, reported that "A meeting of the Committee on Publication was held on November 2, 1916, with all the members present. In accordance with the vote of the State Society and the acceptance of the offer of the Providence Medical Association to transfer to the State Society the Providence Medical Journal, it was voted to change the name of the Providence Medical Journal to THE RHODE ISLAND MEDICAL JOURNAL. Dr. Roland Hammond was elected editor-in-chief with the power of selecting such assistant editors as he chose, and was authorized to employ at the expense of the JOURNAL necessary clerical assistance. Dr. J. F. Hawkins was elected business manager and was given authority to use his own judgment in establishing a contract with the Medical Co-operative Bureau for advertising." It was voted that the report be accepted.

It was voted that with the approval of the Council the Treasurer be authorized to pay the Providence Medical Association \$1 for the Providence Medical Journal.

Dr. Leech reported for the Committee on Necrology that the following fellows had died in the current year: Drs. Nelson H. Perrin, Willard H. Greene, Fenner Harris Peckham, Rufus E. Darrah, Simeon Hunt, Dorrin B. Cox, Russell B. Smith and Francis M. Harrington, and that obituary notices had been published in the Providence Medical Journal of November, 1916.

The Secretary made a preliminary report upon the result of the membership campaign conducted by the official organizer of the A. M. A. Appli-



cations for membership in the Rhode Island Medical Society of physicians already members of District Societies, 20; applications for membership in the Rhode Island Medical Society and District Societies: Kent 3, Pawtucket 7, Woonsocket 1, Providence 18.

Dr. Swarts for the committee to report on the American First Aid Conference reported that the committee was conducting its investigation.

Adjourned.

J. W. LEECH, *Secretary*.

#### QUARTERLY MEETING.

Dec. 7, 1916.

The meeting was held in the Library and was called to order at 4:15 p. m. by the President, Dr. E. D. Chesebro.

The minutes of the September meeting and of the last meeting of the House of Delegates were read and after correction adopted.

A short talk was given by Miss Batty, General Secretary of the Y. W. C. A., on "The Attendant Nurse."

An invitation from the H. P. Hood & Sons Co. to the Society to visit the West Lynn plant of the company was referred to the committee which had charge of the June outing under the auspices of the same host.

The President announced the appointment of Dr. Alfred M. Merriman of Bristol, R. I., as member at large of the Board of Trustees of the Rhode Island Medical Society Building.

The President appointed the following as delegates to State Medical Societies of New England:

Maine—Dr. H. G. Partridge, Dr. R. C. Robinson.

New Hampshire—Dr. M. B. Milan, Dr. W. L. Chapman.

Vermont—Dr. E. D. Clark, Dr. W. R. McGuirk.

Massachusetts—Dr. G. H. Crooker, Dr. F. G. Phillips.

Connecticut—Dr. W. F. Flanagan, Dr. R. M. Smith.

The President announced the appointment of Dr. Arthur T. Jones as Anniversary Chairman for the annual dinner of 1917.

There was a short discussion in regard to the Workmen's Compensation Act.

Dr. Fuller reported that the appeal for discarded instruments which he had made for the small hospitals in Europe had met with gratifying response.

1. Paper: "Lateral Curvature of the Spine (Scoliosis); An Original Method of Treatment." Dr. Frank E. Peckham. Discussion: Drs. W. R. White, R. Hammond, C. E. V. Kennon.

2. Paper: "The Initial Experiences in the Office of State Pathologist." Dr. Harry S. Bernstein. Discussion: Dr. C. V. Chapin.

3. Paper: "The Prevention of Disease." Dr. L. F. C. Garvin.

Adjourned.

J. W. LEECH, M. D., *Secretary*.

#### SECTIONS.

Meeting of the Section in Medicine was held October 24, 1916, at the Medical Library.

Paper: "Poliomyelitis," by Dr. H. S. Bernstein.

Discussion was opened by Dr. D. L. Richardson.

Dr. George H. Crooker was elected Chairman, and Dr. Charles A. McDonald Secretary-Treasurer, for the ensuing year.

Meeting of the Section in Medicine was held November 28, 1916, at the Medical Library.

Paper: "Medicine of the Future," by Dr. A. T. Connell of Fall River. Discussion was opened by Dr. E. D. Chesebro.

Meeting of the Section in Medicine was held December 26, 1916, at the Medical Library.

Paper: "Remarks on Leukemia," by Dr. Harold G. Palmer.

Discussion opened by Dr. Alex M. Burgess.

Meeting of the Section for Diseases of Children was held November 23, 1916, at the Medical Library.

Subject: Case Reports.

Meeting of the Section for Diseases of Children was held December 19, 1916, at the Medical Library.

Business: Election of officers.

#### DISTRICT SOCIETIES

##### PROVIDENCE MEDICAL ASSOCIATION.

The regular monthly meeting of the Providence Medical Association was held at the Medical Library on November 6, 1916. The meeting was called to order by the President, Dr. H. G.

Partridge, at 9:03 p. m. There were present at the meeting 100 members and 5 guests. The records of the preceding meeting were read and approved.

A communication was read from Dr. A. T. Jones, Secretary of the Rhode Island Committee of American Physicians for Medical Preparedness, asking the Providence Medical Association to pass a resolution expressing approval of the passage by Congress of the Hay and Chamberlain bills, which bills provide for the enrollment of a large number of physicians in the Officers' Reserve Corps. It was voted to refer the resolution to the Standing Committee.

On recommendation of the Standing Committee it was voted to appropriate the sum of \$300 to the Rhode Island Medical Society for the use of the Medical Library for the year 1916.

Dr. Francis J. McCabe, having been approved by the Standing Committee, was elected a member of the Association.

Dr. F. B. Fuller called attention to the great need of surgical instruments in Europe, and asked the members to donate such instruments as could be spared or had been discarded.

The paper of the evening, entitled "The Present Status of Abdominal Caesarian Section, with report of cases," was read by Dr. Franklin S. Newell of Boston, Mass.

The discussion was opened by Dr. R. H. Carver, who stated that Caesarian section is done too often. He also reported two cases of premature separation of the placenta.

The discussion was continued by Dr. E. S. Brackett, who stated that the operation of Caesarian section is one for the abdominal surgeon and not the general practitioner.

The discussion was further continued by Dr. William L. Harris, who stated that the mortality of Caesarian section is 1 to 2 per cent, while the mortality of high forceps is 37 per cent. for the child and 3 to 5 per cent. for the mother.

Dr. Newell in closing stated that as a rule he will not perform Caesarian section if high forceps has been attempted. If Caesarian section is performed under those circumstances, a hysterectomy should also be done.

The meeting adjourned at 10:15 p. m. A collation was served.

CHARLES O. COOKE, *Secretary*.

#### NEWPORT MEDICAL SOCIETY.

The Newport Medical Society held its annual meeting at the Hotel Bellevue, Newport, December 21, 1916, at 8.30 p. m. Channing Frothingham, Jr., M. D., of Peter Bent Brigham Hospital gave a paper on the practical application of recent laboratory methods in nephritis, diabetes and cardiac disease.

MARY E. BALDWIN, M. D., *Secretary*.

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## MISCELLANEOUS

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#### PROVIDENCE CITY HOSPITAL.

The clinic for the diagnosis and treatment of syphilis has recently been placed under the direction of Drs. H. W. Kimball and Niles Westcott. The clinic is open for men on Tuesday evening and for women on Thursday evening, and the average attendance is between 25 and 50 an evening. Intravenous treatment is administered three times a week, on Tuesdays, Thursdays and Saturdays in the morning. From 50 to 60 such treatments are given in a week.

#### RHODE ISLAND HOSPITAL.

Erle Forest, M. D., who has recently returned from South America, has opened an office on Broad street, Pawtuxet.

Mauch Garhart, M. D., who formerly practised at Madison, N. J., has settled in Seattle.

Harold N. Baker, M. D., who finished his term of service October 1, 1916, has settled in Wakefield, Mass.

Delos T. Bristol, M. D., has accepted an appointment at the Boston Lying-In Hospital.

A. K. Hanchett, M. D., has returned to his home in Honolulu, Hawaii, where he will confine his practise to internal medicine.

The annual meeting of the Staff Association of the Rhode Island Hospital was held at the hospital December 11, 1916. Business: Election of officers and discussion of proposed new record system.

An adjourned meeting of the Staff Association of the Rhode Island Hospital was held at the hospital, December 14, 1916.

Business: Rearrangement of services of internes.

## ST. JOSEPH'S HOSPITAL.

Regular monthly meeting of St. Joseph's Hospital Staff Association held at the hospital on Friday evening, November 10, 1916.

Paper was read by Dr. Fred A. Coughlin on "Nephrolithiasis." The subject was presented in an interesting and exhaustive manner, and was discussed by Drs. Ward, Milan, McLaughlin, Sullivan and McGuirk. Twenty-one members were present.

Regular monthly meeting of St. Joseph's Hospital Staff Association was held at the hospital on Friday, December 8, 1916.

Paper by Dr. Charles A. McDonald on "Epilepsy."

Dr. William H. Dyer has removed his office from 6 Adelaide avenue to 1592 Broad street.

By invitation of H. P. Hood & Sons the members of the Rhode Island Medical Society visited the Model Milk Plant of that firm in West Lynn, Mass., on December 14, 1916.

Dr. C. H. Holt of Pawtucket and Drs. W. F. Flanagan, H. B. P. Jordan, J. F. Hawkins and A. M. Burgess recently took the examinations for appointment to the Medical Reserve Corps of the United States Army.

Dr. Isaac Gerber has removed his office to 201 Waterman street.

Dr. John S. Enos has removed his office to 12 Cooke street.

## RECENT DEATHS.

Dr. William F. Kenney, 705 Hope street, Providence, died November 18, 1916.

Dr. Adrian Mathews, 131 Ocean street, Providence, died November 19, 1916.

Dr. George D. Ramsay, Newport, R. I. died November 27, 1916.

Dr. John E. O'Neil, 399 Prairie avenue, Providence, died December 7, 1916.

Dr. Edward F. Walker, 11 Arlington avenue, Providence, died December 12, 1916.

## COMMITTEE OF AMERICAN PHYSICIANS FOR MEDICAL PREPAREDNESS.

All those physicians of the state who have not contributed towards Rhode Island's share of meeting the expenses incurred in making an inventory of the medical and surgical resources of this country are urged to send one dollar to the Secretary of the Rhode Island Committee,

Dr. Arthur T. Jones, 131 Waterman street, Providence. Rhode Island has not so far contributed its proper quota toward this great work. This is an opportunity to show patriotism in a practical form.

## THANKS FOR OLD INSTRUMENTS.

Grateful acknowledgment is made to the following for the gift of old and discarded instruments for use in the hospitals in France:

Hospitals: Butler, Rhode Island, Memorial.

Druggists: J. E. Brennan, Pawtucket; Chapin-Northup Co., Blanding & Blanding, Providence.

Physicians: F. B. Fuller, W. E. Wilson, J. H. Bennett, B. U. Richards, C. H. French, Pawtucket; F. L. Day, J. W. Mitchell, G. L. Collins, H. P. Abbott, J. F. Hawkins, W. H. Dyer, E. M. Thurber, Unknown, Providence; A. F. Squire, Newport.

## EIGHT HOURS AND HEALTH INSURANCE.

The American Association for Labor Legislation has just announced that it will hold its tenth annual convention in Columbus and Cincinnati, Ohio, December 27-30. A preliminary program has been issued by the Secretary, Dr. John B. Andrews, which provides for sessions to be held on health insurance and the eight-hour day, subjects which will be most prominent in state and national legislation next year. Health insurance is now the subject of investigation by state commissions in Massachusetts and California, and bills drafted by the Association with strong backing are to be introduced into the legislatures of the principal industrial states next year.

Addresses on these vital subjects will be given during the convention by leading scientific authorities and representatives of labor. "The Need for Health Insurance" is the subject of a paper to be given by the President, Prof. Irving Fisher of Yale; Miss Julia Lathrop, chief of the federal Children's Bureau, will discuss the Public Protection of Maternity; Miles M. Dawson, Insurance Actuary of New York City, will discuss "The Principles of Health Insurance," while Dr. Alexander Lambert, Chairman of the Social Insurance Committee of the American Medical Association, will discuss Medical Organization under Health Insurance, and the Hon. John J. Lentz, President American Insurance Union, will discuss the Fraternal Societies under Health Insurance.

## WINTER MOUNTAIN-CLIMBING.

The continually growing disposition to visit the mountains even in winter for the treatment of nervous diseases particularly, has been enhanced by an investigation by the renowned Berlin physiologist, Professor Zuntz. Zuntz took occasion in the course of the ascent of the highest mountain in the Harz range, the Brocken, by a large party in winter, to carry out some investigations on the effects of mountain-climbing. The thirty-two participants varied in age from 32 to 65 years. A heavy snow-storm considerably increased the exertions connected with the ascent. Three days afterward Zuntz sent to all of these men (who were themselves physicians and hence accustomed to accurate observations) question-blanks in which to record their own observations during and after the expedition. For the interpretation of the reports three age classes were distinguished, namely, those in the fourth, fifth and sixth decades of life. The youngest group was represented by eight men, who for the most part had had insufficient sleep during the previous days and had indulged more freely in alcohol than usual. In spite of this, six of them regarded the ascent as easy, and even the two others who found the exertion severe observed no bad after-effects, although in one, shortly before reaching the top, a fainting-spell occurred. The sixteen men in the fifties made still more favorable reports, probably because they had taken better care of themselves in the previous days. Only two considered the ascent difficult, while the majority noted expressly an increase of vigor after the march. Five of the participants were in the sixties, and those accomplished the ascent best who had been trained for it by gymnastic and Alpine exercise. Zuntz himself was the oldest of the mountain-climbers, being 65, and he suffered a light attack of fever after the undertaking because he had to take a rapid journey to Berlin in his wet clothing. He concludes that these experiences afford striking evidence in favor of the value of the mountain climate in winter. The greatest demands were made on the heat-regulating apparatus of the body, and yet the result in the majority of the participants, even though they were not accustomed to such exertion, was entirely advantageous and showed itself in sound sleep and a feeling of refreshment.

—*Jour. A. M. A.*

## IN SEARCH OF HEALTH.

The public believes that every disease has its remedy, and in the search for that remedy hundreds of cults have sprung up. One man pins his faith to minute doses of powerful drugs; another walks barefoot over wet grass; another eats raw fruit and grain; one is confident that mud baths induce health, and still another urges us to chew each mouthful of food at least thirty times before swallowing. No doubt every one of these "cures" is of some benefit to some form of disease. The mistake of followers of the treatments is in thinking their particular remedy is a cure-all for every malady. There are no universal remedies. Every type of disease must receive special attention and be treated in the way long experience and study has taught is best adapted to the case. Certain ills respond quickly to drugs the virtues of which are sometimes wonderfully effective; others need nothing but fresh air; still others, a change of climate, while a variety of diseases need no drugs and no journeys to the mountains, but are best relieved by simple dieting. And just as the variety of drug preparations is almost beyond the power of the maker to recall and is daily being increased by the chemist and pharmacist, so a great variety of remedies has been brought out that cannot be considered as drugs, but which still possess singular curative properties. Some diseases are best relieved by special foods prepared of materials that do not aggravate the abnormal condition of the patient, but that tend to remove the disturbing cause. Many of these preparations advertised as special foods contain ingredients which are harmful to persons suffering from these diseases. Diabetic foods are supposed to contain gluten in place of starch, yet most of the commercial diabetic flours are by no means pure gluten since they contain considerable quantities of starch. Some of them are nothing more than whole wheat or Graham flours, and are positively dangerous for diabetic invalids' use. They are sold at a high price and their merits are explained in misleading and untruthful advertisements. Food adulteration in no form assumes a more dangerous attitude than when it puts on the garb of medicinal preparations, and poses as a cure for serious diseases. Patients depending on fraudulent diabetic flours would fare better on their ordinary diet, for



while they feel secure in consuming breads made from the supposedly starch-free flour, they may be indulging in sufficient starchy food to bring their malady to a speedy and fatal termination.

#### KNOWLEDGE VERSUS SUPERSTITION.

The statement has been frequently made, by those who are endeavoring to utilize all of our present-day scientific knowledge for the prevention of disease, that Christian Scientists both as individuals and as an organization are doing everything in their power to obstruct the public health movement. This has been strenuously denied by the leaders of this cult. Commenting on the methods used by the *Christian Science Monitor* to misrepresent the position of THE JOURNAL of the American Medical Association and of the medical profession regarding consumption, THE JOURNAL says, "If the garbled and distorted 'quotation' which the *Monitor* tried to make its readers believe was taken from THE JOURNAL of the American Medical Association had been given only the circulation which the *Monitor* itself enjoys, comparatively little harm would have resulted. But it develops that the misrepresentation and editorial dishonesty of the *Monitor* was only a part of a carefully conceived plan for misleading the general public. A large number of copies of the *Monitor* containing the discreditable article have been sent broadcast, especially to the newspapers. These were specially printed with heavy black rules at the sides to call attention to the article. With this positive evidence of deliberate and intentional misrepresentation and falsification on the part of the *Monitor*, and of carefully laid plans to give such deceptive material the widest publicity possible on the part of the leaders of the Christian Science Church, it is impossible for this sect to disavow any longer its deliberate purpose to obstruct and hamper in every way possible the campaign for the prevention of disease and the saving of human life. THE JOURNAL of the American Medical Association and the scientific medical profession of the country are perfectly willing to join battle on this issue with the fanatical adherents of reactionary religious beliefs and antiscientific mysticism. We have no fear as to the verdict of public opinion when the case is tried between triumphant and ever-advancing

scientific knowledge on one hand, and superstition and ignorance on the other. This battle has been fought many times before in past ages, and scientific truth has always been victorious. We regret, however, that the ignorance of the *Monitor* on the subject of consumption is equaled only by its lack of editorial good breeding, else it would not have attempted the manifestly foolish effort to put THE JOURNAL in a false position by so stupid a device as that of a garbled and mutilated quotation."—*Jour. A. M. A.*

#### ILLUMINATION FOR THE OFFICE AND HOME.

Why is the use of glasses so frequent at the present time, as compared with only a few years ago? Perhaps the chief cause is the ignorant or careless adjustment of the light to the reading or working position. This is particularly true in the large modern office, where the chief thought in the arrangement of the desks for clerks and stenographers is economy in floor space. Proper illumination of this work is of secondary importance. Not every desk can be placed by a window, and usually windows will be found only on one side of a room, or at the end, so that ample provision has to be made for artificial lighting. Strong and even illumination is necessary. Desk lamps should be thoroughly screened so that they cannot shine into anybody's eyes. They should be so placed that there is no shadow of the hand or pen on the paper when writing. A frosted globe gives a softer light than the ordinary unfrosted globe, and a 16-candlepower lamp usually gives sufficient illumination for the ordinary desk work. Too strong a light is just as trying to the eyes as too weak an illumination. A north light is the best, being soft and steady. All desks near windows should be so placed so that the light comes from the left side. The old rule given for reading and writing, that the light should come obliquely over the left shoulder, well illustrates ordinary requirements. In the modern home the incandescent electric lamps hold first place as an illuminant. They should always, however, be furnished with ground bulbs, or, better, so shaded as greatly to reduce their otherwise very high intrinsic brilliancy. Where the mantle gas burners are used they should always be shaded, both to reduce the brilliancy and to modify the hue of the light, unless some of the recent mantles, giving an amber tone to the light, are available.—*Jour. A. M. A.*